

ATTACHMENT J.4.73
CONTRACTOR TERMINATION CHECKLIST

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Name: (1)		SSN: (2)	
Badge No.: (3)		Dosimeter Badge No.: (4)	
Termination Date: (5)		Company Name: (6)	
Signature	Date	Phone Ext.	Activity
(7)			Locker check-out.
(8)			Return boots to Laundry.
(9)			Medical Termination History Form.
(10)			Leave exit urine sample.
(11)			Turn in dosimeter.
(12)			Request for Final Dosimeter Reading.
(13)			Date of exit INVIVO (if Rad. II trained).
(14)			Turn in radio.
FORWARDING ADDRESS: (Preferably residence for urinalysis results and final dosimetry reading.) (15)			
STREET ADDRESS		AREA CODE	PHONE NUMBER
CITY		STATE ZIP	
Subcontractor: Manager/Supervisor:			Date:
(16)			
BRING THIS FORM TO ACCESS ADMINISTRATION BUILDING B28B/111			
SIGNATURE	DATE	PHONE EXT.	ACTIVITY
(17)			Turn in permanent badge.
(18)			Turn in parking decal/sticker vehicle pass/other
REMARKS: (19)			

MOTOR TEST RECORD, PAGE 2 OF 2

INSTRUCTIONS FOR PREPARING THE MOTOR TEST RECORD

Block Information to be Entered

1. FERMCO Project name.
2. FERMCO Project number.
3. Name of the FERMCO contracted organization.
4. FERMCO Contract number.
5. FERMCO equipment identification number.
6. Drawing and or specification number that specifies the equipment. Include revision level of all documents.
- 7A. Megger Test voltage per the specification
- 7B. Actual voltage used for the Megger Test.
- 8A. Megger Reading required by the specification.
- 8B. Actual Megger Reading from the meter.
9. Test equipment serial number and calibration due date.
10. Signature of the individual that performed the Megger Test and date test was performed.
11. Sign and date after verification that the direction of rotation is correct with respect to the rotation of the driven equipment.
12. Comments or observations relevant to the test.